

MAR 17 2005

Attorney's Docket No.: 15874-019001

OFFICIAL COMMUNICATION FACSIMILE:

OFFICIAL FAX NO: (703) 872-9306

Number of pages including this page 2

Applicant : Steven Boal

Art Unit : 3622

Serial No. : 09/451,160

Examiner : James W. Myhre

Filed : November 30, 1999

Title : Electronic Coupon Distribution System

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Attached to this facsimile communication cover sheet is Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address, faxed this 17th day of March, 2005, to the United States Patent and Trademark Office.

Respectfully submitted,

Date: March 17, 2005



Brian J. Gustafson

Reg. No. 52,978

Fish & Richardson P.C.
500 Arguello Street, Suite 500
Redwood City, California 94063
Telephone: (650) 839-5070
Fax: (650) 839-5071

50266736.doc

NOTE: This facsimile is intended for the addressee only and may contain privileged or confidential information. If you have received this facsimile in error, please immediately call us collect at (650) 839-5070 to arrange for its return. Thank you.

PTO/SB/82 (09-04)

Approved for use through 11/30/2005. OMB 0651-0038

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	09/451,160
Filing Date	11-30-99
First Named Inventor	Steven Boal
Art Unit	3922
Examiner Name	James W. Myhre
Attorney Docket Number	15874 019001

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

26181

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with
Customer Number:

26181

OR


<input type="checkbox"/> Firm or Individual Name				
Address				
City		State		Zip
Country				
Telephone		Fax		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature			
Name	Steven Boal		
Date	3-9-2005	Telephone	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.